



Campbell, Sarah ORCID logoORCID: <https://orcid.org/0000-0002-2920-7318> (2012) A close shave: masculinity and bodywork in dementia care. Graduate Journal of Social Science, 9 (3). pp. 87-95. ISSN 1572-3763

Downloaded from: <https://e-space.mmu.ac.uk/625042/>

Version: Published Version

Publisher: EBSCO Publishing

Please cite the published version

<https://e-space.mmu.ac.uk>

A close shave: masculinity and bodywork in dementia care

Sarah Campbell

This snapshot focuses on a doctoral study at the University of Manchester which is situated within a larger ESRC funded study, 'The Hair and Care Project', which seeks to explore the relationship between appearance and personal identity for people with dementia. The doctoral study accesses data from this wider study (<http://www.esrc.ac.uk/my-esrc/grants/RES-061-25-0484/read>). The snapshot presents male shaving as a case example of bodywork in dementia care and argues that male shaving could be a revealing lens through which to explore masculinity and embodiment in dementia care.

Keywords: Dementia, Masculinity, Bodywork, Male Shaving, Embodiment.

Introduction

This snapshot relates to an ethnographic study exploring masculinity, embodiment and bodywork in dementia care with a specific focus on the relationship between appearance and personal identity for people with dementia. This snapshot highlights the significant gender gap in dementia research, and argues that everyday care activities such as bodywork may be important investigative topics to explore the gendered experiences of people with dementia living in dementia care settings.

Dementia and gender

Tom Kitwood's (1997) seminal

work 'Dementia Reconsidered: The Person Comes First' reconceptualised dementia and influenced research, policy and practice in the UK and internationally. Instead of a deficit-based model focussing on the person-with-DEMENTIA, Kitwood promoted a more individualised and self-deterministic approach with an emphasis on the PERSON-with-dementia (Kitwood 1997, 7). To augment his thinking, Kitwood developed the concept of 'personhood' as:

a standing or status that is bestowed upon one human being by others in the context of relationship and social being. It implies recognition, respect and trust (Kit-

wood 1997, 8).

Although this made a major contribution to thinking on dementia, academic discourses continue to centre on 'the person' and de-gender the experiences of those living with the condition. Even within psychosocial reviews of the literature on dementia, concepts of identity and social difference have been largely overlooked (Downs 1997; Innes et al 2004; Hulko 2009; O'Connor et al 2009). The literature that does exist explores formal and informal care giving roles and whether or not gender is a salient issue within them (Miller & Cafasso 1992; Fisher 1994; Ford et al 1997; Bywater & Harris 1998; Lindesay and Skea 1997). Whilst these studies provide some focus on gendered subjects, they are not grounded in the perspective of the person with dementia; therefore an understanding of the gendered experiences of people with dementia is missing.

When men are considered in dementia research and practice it is often through the lens of a 'problem' and connected to challenging behaviours, such as 'sexually inappropriate behaviours' (Archibald 1998; Ward et al 2005). There is little in the dementia literature related to either male or female gendered experiences of receiving care. For instance, a recent systematic review of the impact of dementia on self-image by L. Caddell and L. Clare (2010) made no mention of gender,

despite long-standing recognition in feminist gerontology that gender is central to self and identity throughout the lifecourse (Arber and Ginn 1995; Calasanti 2004).

There are significant gaps in gender research in wider gerontology, particularly in terms of exploring masculinity for older men, men with disability and embodied masculinity in later life. A. A. Fleming has argued that there is a lack of work exploring masculinity in later life and male embodiment despite the focus on male bodies in defining 'masculinity' (Fleming 1999). Sara Arber and Jay Ginn (2005) state that where there was a 'feminisation of older age' this is less the case because the ratio of women to men in later life is decreasing. They argue that it is important to explore 'the maintenance of masculinity and autonomy among men in later life' (Arber et al 2003, 5). Hence there are a growing number of gerontological feminist commentators focusing on gender, with some exploring masculinity in particular.

A recent study undertaken by Linn Sandberg (2011) suggests a rethinking of old age and masculinity. Sandberg's work explores the contradictory discourses of maturity and experience pitted against failing bodies, which is often linked to a failing sexual prowess. Sandberg argues that 'bodies are essential for understanding both gender and age' (Sandberg 2007, 88). She reaffirms the arguments of J. Twigg

(2004) that social gerontology has abandoned bodies to medicine in their struggle against biological determinism, while feminist scholars, although paving the way for a sociology of the body, have largely left out the ageing body. Sandberg's work engages with men's bodies to develop a framework of old age that challenges simple oppositions of successful/positive ageing versus negative/declining ageing to create the notion of 'affirmative ageing'. Sandberg explores old men's sexuality and suggests that new pleasures are discovered through closeness and touch in later life (Sandberg 2011). Sandberg's study explores touch and intimacy and suggests there may be useful connections for people with dementia, where sensory experiences have heightened potency as verbal language diminishes (Sandberg 2011, 267). Sandberg acknowledges that she is exploring touch and intimacy in consensual relationships and that is very different to understanding touch where it may not be wanted (Sandberg 2011, 265). By contrast, Twigg's study of 'Bathing, body and community care' explores the complex power dynamic in care work, stating:

Clients struggle to resist the domination of workers and to maintain a fragile sense of self in the face of the erosions of disability and age (Twigg 2000, 179).

I wish to argue that this is particularly interesting in a consideration of body work, masculinity and dementia.

Bodywork and dementia

Bodywork is central to health and social care and is work carried out on the bodies of others (Twigg et al 2011). Much of the work in dementia care is non-medical and includes bodywork with relation to personal care, personal grooming and dressing. It is a growing area of interest in sociology and for social gerontology (Wolkowitz 2002). Bodywork is an area where both gender and sexuality have great significance for both the person receiving care and the worker (Archibald 2002; Ward et al 2005). Twigg (2000) argues 'carework as a form of bodywork' and suggests that it is more often considered 'women's work' because of a number of complex concerns relating to women being associated with their bodies and bodies are connected to the domestic sphere as the site of caring work. Certainly it is the case that most paid carework is undertaken by low paid, often migrant women (Lee-Treweek 1998; Twigg 2000; Twigg et al 2011). This leads to a complex set of power relations when working with men living in care including vulnerability for the person in receipt of care (Twigg 2000), an experience that is challenging to hegemonic concepts of masculinity (Connell 1995; Gill et al 2005).

Care settings for people with dementia are gendered spaces. There are twice as many women as men living in residential or nursing homes (Arber and Ginn 2005) and the majority of the formal care workforce is also female (Lee-Treweek 1998; Twigg 2011). Yet despite this, there has been limited research undertaken to explore gender relations in these places. R. Ward et al. argue that gender has a significant role to play in the experience of dementia care:

Differences of age, class, gender, 'race' and culture structure social relations within care settings and are negotiated on a day-to-day basis during the provision of care. When drawing upon proxy accounts of the conduct and experiences of people with dementia there is a need to recognize how such accounts are mediated by social difference (Ward et al 2005, 56).

Male shaving as a case example

In my own doctoral study, I am carrying out an exploration of shaving as a sensory experience that interlinks both an individual's bodily self and gendered self. There are great methodological challenges in how to investigate and understand someone else's sensory experience (Pink 2012). However, I wish to argue that in considering bodywork in these settings there is much to be gained from an investigation of shaving routines. G. B. Retallack consid-

ers shaving a 'persistent and deeply rooted reflection of cultural norms and symbols' (Retallack 1994, 4). Shaving holds significance in dementia care because it is a complex task that may be affected early on in the onset of dementia and consequently support may be required to help men undertake this grooming activity. More often as the condition progresses, shaving becomes no longer the private ritual undertaken by the individual but a 'task' undertaken by a care worker incorporated into their daily routines. Retallack argues that shaving is more than a grooming activity and that it is a 'culturally defined and refined process entirely devoted to converting the biological "man" into the "social" man' (Retallack 1999, 4). Therefore the notion of being shaved by someone else (not out of choice) brings into play a complex set of power relations that extend well beyond the simple completion of a care task.

Retallack argues that shaving is something performed by men that is linked to the very making of their masculinity (Retallack 1999). Therefore I would ask, if this task is no longer controlled by the men themselves in the midst of growing levels of dependency associated with receiving care, could it be experienced as a disintegration of their masculinity? It is an activity where men become visible as men and hence often 'other' to a largely female workforce of carers. Furthermore, there are possible is-

sues relating to the intercorporeal and sensory experience of shaving as the sensitivity of skin and the use of different types of razors may lead to it being an uncomfortable or distressing experience, perhaps particularly so for men with dementia who may not fully apprehend what is being done to them or why. So by contrast to the exploration of touch and intimacy in Sandberg's (2011) study of ageing masculinities, this is a sensory experience that may not be pleasurable. This was substantiated through interviews with health and social care staff carried out for this study. Many of whom, like this care worker, described shaving as a difficult task:

...it [shaving] is very difficult. I think you have to assess what kind of mood they are in. Now it is easier to electric shave somebody with dementia than it is to wet shave because the process is not as long if you like.... it's a lot less invasive with somebody that doesn't understand.

However I wish to suggest it is also possible that these shaving struggles are related to something far deeper that is more fundamental to an embodied experience of masculinity. The question that has arisen from my fieldwork is whether, in the context of dementia care, the experience of being shaved supports or affirms masculinity or whether a gendered sense of self is being undermined through such

everyday appearance-related activities and the way they are appropriated by the care regime?

The following extract from my field-notes describes a once private ritual now being conducted by a member of care staff in a care home:

Brigit puts a towel around Samuel's front and shoulders and then sprays the foam which has a smooth texture, she rubs it across his face. He has his eyes closed and his mouth is open. ... I ask Samuel if he has always been clean shaven or if he has ever had a moustache or beard and he says "oh god no!"

Brigit begins to shave, she pulls the razor one way and then the other. I ask Samuel if he has always had wet shaves rather than an electric razor and he says "oh yes". Brigit says she has never done a wet shave before and Samuel says "now you tell me!" Samuel says "don't chop away" and Brigit says "ok I'm trying not to" and begins to pull the razor for longer sweeps. Samuel has a frown on his face and I ask him if his skin is sensitive and he says "yes it is". For a short time I hear the scrapes of the razor across the skin and whiskers. Brigit moves around Samuel's face and he keeps his eyes shut. She is on his chin and the strokes are shorter, Samuel seems to move his face with the razor pulling his mouth up to push out his chin. It

is quite fast and Brigit says "I've done it". I ask him how it is being shaved by someone else and he says "it depends on who does it, sometimes it's chop chop chop"... I ask him what having a shave is like and he says "horrible, you want to get it out of the way quickly with as little discomfort as possible". Then he says "you often don't have a lot of time before work and then away you go". (29th October 2011 HC05 field notes -all names have been altered).

The above description is of an embodied sensory process with many references to the sensory experience. Samuel describes the discomfort of shaving 'don't chop away' or 'chop, chop, chop'. However he is also able to biographically locate the experience of being shaved to a time of day and to a presentation of self as a working man when he states 'you don't often have a lot of time before work and then away you go'. He also makes reference to a strong sense of his appearance preferences regarding shaving when he states clearly 'God no!' to the question of whether or not he had ever had a beard or moustache and to the type of shave he prefers, 'a wet shave'.

This extract illustrates the sensory and bodily experiences of a man with dementia during an everyday care practice. The associations with his presentation of self relates

to Retallacks's (1999) link between shaving and the making of a 'social' man. The extract presents an insight into the connection between shaving rituals and aspects of self of which masculinity is a significant part. It is noteworthy that Samuel links the ritual to his identity as a (younger) working man, an aspect of self perhaps connected to status within a hegemonic masculinity (Connell 1995). This is deeply relevant here amidst the gendered relations at play between the care worker and man with dementia and his new position of dependency.

Conclusion

This snapshot illustrates the value of using an everyday care activity as a lens through which to explore gender relations and gendered experiences in dementia care. Gendered experiences have been given scant consideration in dementia research and yet they are experiences worthy of much closer examination. Shaving is an everyday activity, but it is also a symbol that locates a man culturally and socially. It has been argued that people with dementia are deeply engaged with their bodies in their environment as their communication and other abilities diminish. So what do the processes involved in this symbol of masculinity mean for men's gendered identity? Does the replacement of the ability to carry out this private ritual with a scenario where individuals' bodies are

worked upon by others negate their embodied gender identity? This is a question that I intend to pursue in my ongoing research. Dementia research must explore the everyday to understand what experiences for people with dementia are like. Examining how gender might shape these experiences is a vital component of that research.

References

- Arber, Sara. & Jay Ginn. 2005. 'Gender Dimensions of the Age Shift'. In Malcolm L. Johnson, Vern, L. Bengston, Peter G. Coleman, Thomas B.L. Kirkwood eds. *The Cambridge Handbook of Age and Ageing*. Cambridge: University Press.
- Arber, Sara. Kate Davidson, and Jay Ginn. 2003. 'Changing Approaches to Gender and Later Life'. In *Gender and Ageing: Changing Roles and Relationships*. Milton Keynes: Open University Press.
- Arber, Sara. & Jay Ginn eds. 1995. *Connecting Gender and Ageing: A Sociological Approach*. Milton Keynes: Open University Press.
- Archibald, C. 2002. Sexuality and Dementia in Residential Care – Whose Responsibility? *Sexual and Relationship Therapy* 17 (3): 301-9.
- Archibald, C. 1998. Sexuality, Dementia and Residential Care: Managers' Report and Response. *Health and Social Care in the Community* 6 (2): 95-101.
- Bywaters, P and A. Harris. 1998. Supporting Carers: Is Practice Still Sexist? *Health and Social Care in the Community* 6 (6): 458-63.
- Caddell, L and L. Clare. 2010. The Impact of Dementia on Self and Identity: A Systematic Review. *Clinical Psychology Review*. 30: 113-26.
- Calasanti, T. 2004. Feminist gerontology and old men. *Journal of Gerontology Series B Social Sciences*. 59 (6): S305-S314.
- Calasanti, Toni. 2003. 'Masculinities and Care Work in Old Age'. In Sara Arber, Kate Davidson and Jay Ginn ed. *Gender and Ageing: Changing Roles and Relationships*. Milton Keynes: Open University Press.
- Connell, R.W. 1995. *Masculinities*. Cambridge: Polity Press.
- Downs, M. 1997. The Emergence of the Person in Dementia Research. *Ageing & Society* 17: 597-607.
- Fleming, Alfred Andrew. 2001. *Older Men 'Working It Out': A Strong Face of Ageing and Disability*. PhD Thesis. School of Behavioural and Community Health Sciences, University of Sydney. Australia.
- Fleming, A. A. 1999. Older Men in Contemporary Discourses on Ageing: Absent Bodies and Invisible Lives. *Nursing Inquiry* 6: 3-8.
- Fisher, M. 1994. Man-Made Care:

- Community Care and Older Male Carers. *British Journal of Social Work*. 24: 659–80.
- Ford, G. R., K. T. Goode. J. J. Barrett. L. E. Harrell and W. E. Haley. 1997. Gender Roles and Caregiving Stress: An Examination of Subjective Appraisals of Specific Primary Stressors in Alzheimer's Caregivers. *Aging and Mental Health*. 1 (2): 158–65.
- Gill, R. K. Henwood and C. McLean. 2005. Body Projects and the Regulation of Normative Masculinity. *Body & Society* 11: 37–62.
- Hulko, W. 2009. From 'Not a Big Deal' to 'Hellish': Experiences of Older People with Dementia. *Journal of Aging Studies* 23: 131–44.
- Innes, Anthea, Carole Archibald, and Charlie Murphy eds. 2004. *Dementia and Social Inclusion: Marginalised Groups and Marginalised Areas of Dementia Research, Care and Practice*. London: Jessica Kingsley Publishers.
- Kitwood, Tom. 1997. *Dementia Reconsidered*. Buckingham: Open University Press.
- Kontos, P. 2005. Embodied Selfhood in Alzheimer's Disease. *Dementia* 4 (4): 553–570.
- Kontos, P. and G. Naglie. 2006. Expressions of Personhood in Alzheimer's: Moving From Ethnographic Text to Performing Ethnography. *Qualitative Research* 6 (3): 301–17.
- Lee-Treweek, G. 1998. Women, Resistance and Care: An Ethnographic Study of Nursing Auxiliary Work. *Work, Employment and Society* 11 (1): 47–63.
- Lindesay, J. and D. Skea. 1997. Gender and Interactions Between Care Staff and Elderly Nursing Home Residents with Dementia. *International Journal of Geriatric Psychiatry* 12 (3): 344–48.
- Miller, B. and B. Cafasso. 1992. Gender Differences in Caregiving: Fact or Artefact? *Gerontologist* 32 (4): 498–507.
- O'Connor, D., A. Phinney, A. Smith, J. Small, B. Purves, and J. Perry. 2007. Personhood in Dementia Care: Developing a Research Agenda for Broadening the Vision. *Dementia* 6: 121–142.
- Pink, Sarah. 2012. *Situating Everyday Life*. London: Sage.
- Retallack, G. B. 1999. Razors, Shaving and Gender Construction: An Inquiry into the Material Culture of Shaving. *Material History Review* 49: 4–19.
- Sandberg, Linn. 2011. *Getting Intimate: A Feminist Analysis of Old Age, Masculinity and Sexuality*. PhD Thesis. Linköping University, <http://liu.diva-portal.org/smash/record.jsf?pid=diva2:408208> (accessed online 18 Oct 2010).
- Sandberg, Linn. 2009. 'Getting Intimate: Old Age, Masculinity and New (?)

- Heterosexual Morphologies'. In Jeff Hearn ed. *Deconstructing the Hegemony of Men and Masculinities. GEXcel Work in Progress Report. Linköping University and Örebro University.*
- Sandberg, L. 2008. The Old, the Ugly and the Queer: Thinking Old Age in Relation to Queer Theory. *Graduate Journal of Social Science* 5 (2): 117-39.
- Sandberg, L. 2007. Ancient Monuments, Mature Men and Those Popping Amphetamine: Researching the Lives of Older Men. *Nordic Journal for Masculinity Studies* 2 (2): 85-108.
- Twigg, J. C. Wolkowitz, R.L. Cohen, and S. Nettleton. 2011. Conceptualising body work in health and social care. *Sociology of Health and Illness* 33 (2): 171-88.
- Twigg, Julia. 2006. *The Body in Health and Social Care*. Palgrave Macmillan, Basingstoke.
- Twigg, J. 2004. The Body, Gender and Age: Feminist Insights in Social Gerontology. *Journal of Aging Studies* 18: 59-73.
- Twigg, Julia. 2000. *Bathing, the Body and Community Care*. London: Routledge.
- Ward, R., A. A. Vass, N. Aggarwal, C. Garfield, and B. Cybyk. 2008. A Different Story: Exploring Patterns of Communication in Residential Dementia Care. *Ageing and Society* 28 (5): 629-51.
- Ward, R., A. A. Vass, N. Aggarwal, C. Garfield, and B. Cybyk. 2005. A Kiss is Still a Kiss?: The Construction of Sexuality in Dementia Care. *Dementia* 4: 49-72.
- Wolkowitz, Carol. 2006. *Bodies at Work*, Sage: London.
- Wolkowitz, C. 2002. The Social Relations of Body Work. *Work, Employment and Society* 16: 497-510.
- Other references:
 ESRC Study. Reference to wider study: 'The Hair and Care Project' <http://www.esrc.ac.uk/my-esrc/grants/RES-061-25-0484/read>